



07-15-04

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HDP/SB/21 based on PTO/SB/21 (08-00)

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TRANSMITTAL FORM

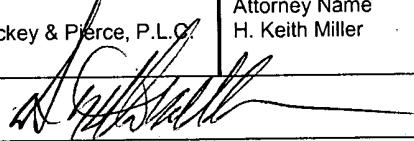
(to be used for all correspondence after initial filing)

		Application Number	10/662,662
		Filing Date	September 15, 2003
		First Named Inventor	Simon Anne de Molina, et al.
		Group Art Unit	3745
		Examiner Name	
Total Number of Pages in This Submission	5	Attorney Docket Number	1316N-001683

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Corrected Official Filing Receipt; Copy of Corrected Official Filing Receipt; and return receipt postcard.
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		Remarks The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name H. Keith Miller	Reg. No. 22,484
Signature			
Date	July 14, 2004		

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as express mail in an envelope addressed to: Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No. 1316N-001683

Group Art Unit: 3745)
Examiner: Unknown)
Inventors: Simon Anne de Molina, et al.)
Serial No.: 10/662,662)
Filed: September 15, 2003)
For: Shock Absorber Staged Valving System)

REQUEST FOR CORRECTED
OFFICIAL FILING RECEIPT

Mail Stop: Initial Patent Examination's Filing Receipt Corrections

Director for Patents
P.O. Box 1450
Alexandria, VA 22213-1450

Sir:

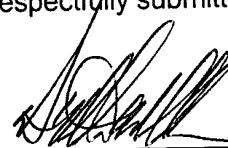
We acknowledge receipt of the Official Filing Receipt for the above-identified application, a copy of which is attached. However, the title is incorrect, and should be as listed in the Declaration and Power of Attorney and as follows:

"Shock Absorber Stage Valving System" should be --Shock Absorber Staged Valving System--

Accordingly, please correct your records and issue a corrected filing receipt.

Respectfully submitted,

By:


H. Keith Miller, Esq.
Reg. No. 22,484
Attorney for Applicants

Attachment

Dated: July 14, 2004

HARNESS, DICKEY & PIERCE, P.L.C.
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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY.DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/662,662	09/15/2003	3745	888	1316N-001683	6	23	4

27572
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 P.O. BOX 828
 BLOOMFIELD HILLS, MI 48303



CONFIRMATION NO. 1855

FILING RECEIPT



OC000000011554318

Date Mailed: 12/23/2003

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Simon Anne de Molina, Marche-les-Dames, BELGIUM;
 Jean-Marie Tuts, Wollen, BELGIUM;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted: 12/22/2003

Projected Publication Date: 03/17/2005

Non-Publication Request: No

Early Publication Request: No

Title

Shock absorber-state valving system

Staged

Preliminary Class

092

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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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